OMB No. 2040-0042

Approval Expires 4/30/07

<b>⊗EPA</b>		on, DC 20460	- •		
App	lication To	Transfer	Permit		
Name and Address of Existing Permittee		Name and A	ddress of Surfac	e Owner	
					numeron and a second a second and a second a
Locate Well and Outline Unit on	State	3	County	Pe	rmit Number
Section Plat - 640 Acres	Surface Location	1 Description			
	1/4 of	1/4 of1/4	of1/4 of	Section Town	ship Range
	Surface Location ft.	. frm (N/S)	om nearest line Line of quarter		n and drilling unit
W I I I I E	Well A	Activity	Well Star	tus	Type of Permit
	Enh	e Disposal anced Recover rocarbon Stor	Propo	ication/Conversion	Individual Area Number of Wells
· · · · · · · · · · · · · · · · · · ·	Lease Number	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	Well Number	
	· ·				
Name(s) and Address(es) of New Owner(s)	***************************************	Name and A	ddress of New C	perator	***************************************
Attach to this application a written a specific date for transfer of permit re The new permittee must show evider other adequate assurance, such as i	esponsibility, co nce of financial i	overage, and responsibilit	l liability betw y by the subm	eend them. ission of a sure	ty bond, or
outer adequate assurance, such as i	manciai Statem	ents or othe	i illateriais ac	ceptable to the l	Director.
	Certif	ication			
I certify under the penalty of law that I have this document and all attachments and that, obtaining the information, I believe that the isignificant penalties for submitting false info	based on my in nformation is tr	quiry of thos	se individuals	immediately reste. I am aware t	sponsible for hat there are
Name and Official Title (Please type or print)	Signature				Date Signed
	***************************************		.*		

## PAPERWORK REDUCTION ACT

The public reporting and record keeping burden for this collection of information is estimated to average 5 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmitor otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

# Well Class and Type Code

Class I	Wells used to inject waste below the deepest underground source of drinking water.
Type "I" "M" "W" "X"	Nonhazardous industrial disposal well Nonhazardous municipal disposal well Hazardous waste disposal well injecting below USDWs Other Class I wells (not included in Type "I," "M," or "W")
Class II	Oil and gas production and storage related injection wells.
Type "D" "R" "H" "X"	Produced fluid disposal well Enhanced recovery well Hydrocarbon storage well (excluding natural gas) Other Class II wells (not included in Type "D," "R," or "H")
Class III	Special process injection wells.
Type "G" "S" "U" "X"	Solution mining well Sulfur mining well by Frasch process Uranium mining well Other Class III wells (not included in Type "G," "S," or "U")
Other Classes	Wells not included in classes above.  Class V wells which may be permitted under § 144.12  Wells not currently classified as Class I, II, III, or V

**⊕EPA** 

# United States Environmental Protection Agency Washington, DC 20460

	COMPL HYDROCARI			FOR BRINI OR ENHANG						
Name and Address of E		***************************************		Name and A						_
Locate Well and 0 Section Plat - 640		Stat			Count	¥		Permit	Number	
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		Suri Loc	ace	vo directions fr	Line	of quarter s	section	er section and	drilling	j unit
w		and	ft. from			uarter sect		•		<u> </u>
			Brine Di	sposal ed Recovery		] Individu ] Area	al		ted Fra	cture Pressure one
		·		rbon Storage		umber of \	September			
╽ ┝╌┼╼┝╌┼	<b>─┠</b> ┤─┞─┽━│		<del></del>	y Injection Volu		bls)	Injection	Interval	I	
	s	Ave	rage	Maximu	ım		Feet		to Fee	<u> </u>
w.			cipated Dail rage	y Injection Pres		PSI)	Depth to Formatio	Bottom of Lo	wermos	t Freshwater
	tion Fluid (Check the appropri	,		Lease Name			· ·	Well Number		
☑ Salt Water       Liquid	Brackish Water  Hydrocarbon	E Fres	sh Water	Name of Inje	ection 2	Zone				
Date Drilling Began	Date Well Com	pleted		Permeability	of Inje	ection Zon	le			
Date Drilling Complete	d			Porosity of	njectio	on Zone				
	CASING AND TUBING				CEM	ENT			HOL	E
OD Size	Wt/Ft - Grade - New or Used	D	epth	Sacks		Clas	ss	Depth		Bit Diameter
		<u></u>				<b></b>				
	NJECTION ZONE STIMULATION				_		NE LOGS	LIST EACH T		
Interval Treated	Materials and Am	ount Used			Log T	ypes		Lo	gged In	tervals
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									***************************************	
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Complete Attachments	A E listed on the reverse.		Certi	fication						<del></del> .
attachments and information is tr	e penalty of law that I have pei I that, based on my inquiry of t ue, accurate, and complete. I a e and imprisonment. (Ref. 40 (	hose indiv am aware t	iduals imme hat there are	diately respons	sible fo	r obtainin	g the info	rmation, I beli	eve tha	t the
Name and Official Title	(Please type or print)	·····	Signature						Date S	igned
									<u> </u>	

# **ATTACHMENTS**

- A. Present a schematic or other appropriate drawing of the surface and subsurface construction details of the well as built.
- Describe the method and results of mechanical integrity testing.
- C. Present the results of that portion of those logs, test, and cores which specifically relate to (1) underground sources of drinking water and the confining zone(s) and (2) the injection and adjacent formations.
- D. Present the status of corrective action on defective wells in the area of review.
- E. Provide to EPA, with the completion report, one final print of all geophysical logs run.

#### PAPERWORK REDUCTION ACT

The public reporting and record keeping burden for this collection of information is estimated to average 4 hours per well. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

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θE	PA	ANNUAL DIS		W	Environmental Protect lashington, DC 20460 CTION WELL		G REPORT	
Name ar	nd Address of E	xisting Permittee				ddress of Surface Ow		
		***************************************		*********				
	cate Well and C		State	2		County	Permit I	Number
Se	ction Plat - 640		- Surf	ace	Location Description			·
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F	<b>-</b>  - - -	_	- Loca	ate v	well in two directions f	rom nearest lines of	quarter section and	drilling unit
L	· + -              -  -		Surf	ace				
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			and			ine of quarter section		
w			<b>7</b> E		LL ACTIVITY  Brine Disposal	TYPE OF PERM	11.1	
-	<u> </u>		-		Enhanced Recovery	Area		
F	++	╼	-		Hydrocarbon Storage	Number of Wel	ls	
, ├	<u> </u>	<b></b>	-	Lea	se Name	***************************************	Well Number	
L		<u> </u>			<u> </u>			
			· ·					
-		INJECTION	PRESSURE		TOTAL VOLUM	ME INJECTED		ANNULUS PRESSURE MONITORING)
MONT	1 YEAR	AVERAGE PSIG	MAXIMUM PSIG		BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG
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Name a	nd Official Title	(Please type or print)		Sig	gnature		<del> 1</del>	Date Signed
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### PAPERWORK REDUCTION ACT

The public reporting and record keeping burden for this collection of information is estimated to average 25 hours annually for operators of Class I wells and 5 hours annually for operators of Class II wells. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

<b>⊕EPA</b>	l States Environme Washingtor		n Agency			
WI	ELL REWO	RK REC	ORD			
Name and Address of Permittee	••••	Name and Ad	dress of Contractor			
Locate Well and Outline Unit on	State		County	Permit Number		
Section Plat - 640 Acres						
N N	Surface Location	Description /4 of1/4 o	of 1/4 of Section	Township Range		
┆ <b>┊┝┽╼┝</b> ┽ <b>╌┠╌┽╌┝╶┼╼</b> │  ┌	Locate well in two	directions fro	om nearest lines of quar	ter section and drilling unit		
	Surface Location ft. f	(1/0)	Sec.			
	andft. from (		Line of quarter section e of quarter section.			
w	WELL ACTIVITY	- stationards	otal Depth Before Rewo	rk TYPE OF PERMIT		
	Brine Dispos			Individual		
	Enhanced Re	COVERY	otal Depth After Rework	Area ,		
│ ├─ <b>┼─├─┼─┠</b> ─┼─├─┼─│	Hydrocarbor		Date Rework Commenced	Number of Wells		
│ ├ <del>┤</del> ─├─┼─ <b>┟</b> ┼─├─┼─│	Lease Name			Well Number		
s s		D	Pate Rework Completed			
WELI	L CASING RECOR	D BEFORE R	REWORK			
Casing Cement  Size Depth Sacks Type		erforations To		Acid or Fracture Treatment Record		
Separation Security S	Tion	10		Treatment Record		
WELL CASING RECORD	AFTER REWORK	(Indicate Ad	dditions and Changes O	nly)		
Casing Cement		erforations		Acid or Fracture		
Size Depth Sacks Type	From	To	)	Treatment Record		
DESCRIBE REWORK OPERATIONS IN DETAIL			WIRE LINE LOGS	S, LIST EACH TYPE		
USE ADDITIONAL SHEETS IF NECESSARY	_		Log Types	Logged Intervals		
			***************************************			
	Certific	cation				
I certify under the penalty of law that I have personally			the information submitt	ted in this document and all		
attachments and that, based on my inquiry of those in	ndividuals immedia	ately responsii	ble for obtaining the infe	ormation, I believe that the		
information is true, accurate, and complete. I am awa possibility of fine and imprisonment. (Ref. 40 CFR 14		ignificant pena	alues for submitting fals	se information, including the		
Name and Official Title (Please type or print)	Signature	Signature Date Signed				

#### PAPERWORK REDUCTION ACT

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⇔E	<b>FPA</b>			Washington	ntal Protection , DC 20460	-	AN			) (1 1			
Name a	and Address of Facility			······································	Name and Addr	ess of Owne	r/Operator						
					·					dissipation of the state of the			
1.4	ocate Well and Outline Unit on		State		ļ Co	ounty		Permit	Number				
	ection Plat - 640 Acres		<u> </u>			·····	·		<u></u>				
	· N		Surfa	ce Location [	escription	***************************************							
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			Locate well in two directions from nearest lines of quarter section and drilling unit										
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	╶┽╼┝╍┿╼╊╍┿╼┆			Rule			ПЕ	rine Dispos	al				
			Nun	nber of Wells				inhanced Re	•				
			''''		<u></u>			lydrocarbon	Storage				
<u> </u>		i			***************************************	***************************************	CLA	SS III					
	\$		Lease	Name	***************************************		Well Num	ber	***************************************	***************************************			
	CASING AND TUE	BING RECORD AFT	ER PLUG	GING		METH	OD OF EMPL	ACEMENT C	F CEMENT P	LUGS			
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# **Paperwork Reduction Act Notice**

The public reporting and record keeping burden for this collection of information is estimated to average 19.5 hours annually for operators of Class I wells, 6 hours annually for operators of Class III wells, and 8 hours annually for operators of Class III wells. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15.

Please send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Office of Environmental Information, Collection Strategies Division, U.S. Environmental Protection Agency (2822), Ariel Rios Building, 1200 Pennsylvania Ave., NW., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW., Washington, DC 20503, Attention: Desk Officer for EPA. Please include the EPA ICR number and OMB control number in any correspondence.